

PLAINTIFF	RECEIVED UNITED STATES MARSHAL	COURT CASE NUMBER 4:25-cv-02471
DEFENDANT	2025 JUN 18 AM 10:12	TYPE OF PROCESS Summons and Complaint
SERVE {	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Corporation Service Company d/b/a CSC-Lawyers Incorporating Service Company	211 E. 7th Street, Suite 620
AT {	Austin, TX 78701-3136	

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285 3
UNITED STATES COURT 515 RUSK, ROOM 5300 HOUSTON TX 77002	Number of parties to be served in this case 1
	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Above address is defendants registered agent

Signature of Attorney other Originator requesting service on behalf of: Ryneasha Reed (pro se)	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 713-250-5500	DATE JUN 18 2025
---	---	----------------------------------	---------------------

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 709	District to Serve No. 709	Signature of Authorized USMS Deputy or Clerk <i>Dabbiela Clark</i>	Date 6/20/25
---	--------------------	-------------------------------	------------------------------	---	-----------------

I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
--	--

Address (complete only different than shown above)	Date 6/25/25	Time 10:18	<input checked="" type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy <i>DRS/William Simon</i>		

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00
-------------	---	----------------	---------------	------------------	--

REMARKS: 95890710 8270 2901 4279 07

Delivered via certified mail on 6/25/2025

PRINT 5 COPIES:	1. CLERK OF THE COURT 2. USMS RECORD 3. NOTICE OF SERVICE 4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal. 5. ACKNOWLEDGMENT OF RECEIPT	PRIOR EDITIONS MAY BE USED
-----------------	--	----------------------------

Tracking Number:

9589071052702901427907

Copy Add to Informed Delivery

Latest Update

Your item has been delivered to an agent and left with an individual at the address at 10:18 am on June 25, 2025 in AUSTIN, TX 78701.

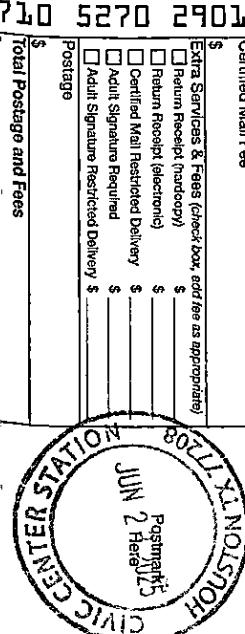
[See All Tracking History](#)

What Do USPS Tracking Statuses Mean?

Get More Out of USPS Tracking:
 USPS Tracking Plus®

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT 24/7/4**
Domestic Mail Only

For delivery information, visit our website at www.usps.com.



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

COMPLETE THIS SECTION ON DELIVERY	
A. Signature	Chandler Crow <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
X	
B. Received by (<i>JUN 2 2025</i>)	C. Date of Delivery
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter new address below: <input type="checkbox"/> No	

CORPORATION SERVICE COMPANY
C-LAWYERS INCORPORATING SERVICE COMPANY
211 E. 7TH STREET, STE 620
AUSTIN, TX 78701

3. Service Type	
<input type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee)	
<input type="checkbox"/> Yes	

CORPORATION SERVICE COMPANY
d/b/a CSC-Lawyers Incorp Services Company

211 E. 7th Street, Ste 620

Austin, TX 78701

PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1640